24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed o	on Mam / Dad / Yayayay
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address c/o Mike Williams	03 02 2014
135 S. Monroe Street	Amount
City State Zip Code	277.30
	Transaction ID : D521129 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 / 02 / 2014
Name of Federal Candidate Support Office S	Sought: X House District: 13
ALEX SINK Oppose	President Senate State: FL
14240.20	sement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	03 03 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	18.92
	Transaction ID : D521124 Date of Disbursement or Obligation
Purpose of Expenditure Reimburse Auto Dialer Phones Category/ Type 004	03 / 03 / 2014
Name of Federal Candidate Support Office	Sought: House District: 13
ALEX SINK Oppose	President Senate State: FL
14240.30	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	296.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Elizabeth H Shuler [Electronically Filed] Date 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXPEN	DITORLS	PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Workers' Voice			C C00484287	
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
AFL-CIO			03 / 03 / 2014	
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code	6.30	
Washington	DC	20006	Transaction ID : D521125 Date of Disbursement or Obligation	
Purpose of Expenditure Reimburse Auto Dialer Phones		Category/ Type 004	03 / 03 / 2014	
Name of Federal Candidate		Support	Office Sought: X House District: 13	
DAVID W. JOLLY		X Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		14249.39	Disbursement For: Primary General 2014 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
International Union of Painters and Allied Trade	s Political Action	Together Political Comm	03 03 2014	
Mailing Address 1750 New York Avenue, NW			Amount	
City	State	Zip Code	34.29	
Washington	DC	20006	Transaction ID : D521126 Date of Disbursement or Obligation	
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004	03 / 03 / 2014	
Name of Federal Candidate		X Support	Office Sought: X House District: 13	
ALEX SINK		Oppose	President Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	-	14249.39	Disbursement For: Primary General 2014	
(a) SUPTOTAL of Itamized Independent Expandi	turos		40.50	
(a) SUBTOTAL of Itemized Independent Expendi	tures		40.59	
(b) SUBTOTAL of Unitemized Independent Experi	nditures)	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	03 04 2014	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		71101120		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee International Union of Painters and Allied Trades	Political Action Toc	gether Political Comm	м = м	blic Distribution/Dissemination
Mailing Address 1750 New York Avenue, NW			Amount	03 2014
City	State	Zip Code		11.42
Washington	DC	20006		n ID : D521127 sbursement or Obligation
Purpose of Expenditure In-Kind Phone Banking Equipment		Category/ Type 004	Date of Dis	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	X House District: 13
DAVID W. JOLLY		X Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		14249.39	Disbursement For: 2014 Other (
Full Name of Payee Florida AFL-CIO				blic Distribution/Dissemination
Mailing Address c/o Mike Williams			03	03 / 2014
135 S. Monroe Street			Amount	
City	State	Zip Code		635.48
Tallahassee	FL	32301		ID: D521131 sbursement or Obligation
Purpose of Expenditure In-Kind Staff		Category/ Type 004	03 ^M	03 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:13
ALEX SINK		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 7	14249.39	Disbursement For: 2014 Other (_ ,
(a) SUBTOTAL of Itemized Independent Expend	ditures			646.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	, ,
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	ndidate or authorize			
Ms. Elizabeth H Shuler	[Electro	nically Filed] Date	9 03 04	
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
	O
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Florida AFL-CIO	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address c/o Mike Williams	
135 S. Monroe Street	Amount
City State Zip Code	211.82
Tallahassee FL 32301	Transaction ID : D521132 Date of Disbursement or Obligation
Purpose of Expenditure In-Kind Staff Category/ Type 004	03 / 03 / 2014
Name of Federal Candidate Support Office	e Sought: X House District: 13
DAVID W. JOLLY Oppose	President Senate State:FL
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary General ✓ Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
****	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Tod To Balo	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	211.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1195.53
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	3 04 2014
Signature	